

**STATE OF MICHIGAN  
JUDICIAL CIRCUIT  
COUNTY****MOTION FOR PAYMENT PLAN  
PAGE 1 OF 2****CASE NO.**

Court address

Telephone no.

Plaintiff's name and address

Defendant's name and address

**v**

Attorney:

Attorney:

I state:

1. Friend of the court records show that, as of \_\_\_\_\_ :  
Datea. my current support is \$ \_\_\_\_\_ per month. My youngest child in the case will be or was 18 years of age on  
Date .

b. My total arrears are \$ \_\_\_\_\_ (attached is written proof from the friend of the court office).

c. I owe \$ \_\_\_\_\_ support arrears to \_\_\_\_\_ , the individual payee.  
Name

d. I owe \$ \_\_\_\_\_ support arrears to the State of Michigan.

e. I owe \$ \_\_\_\_\_ for Medicaid/confinement reimbursement arrears.

f. I owe \$ \_\_\_\_\_ in statutory fees.

g. I owe \$ \_\_\_\_\_ to \_\_\_\_\_ .  
Specify agency/person

2. It is in the best interests of the parties and the children that a payment plan be ordered in this case.

☐ 3. I understand that the individual payee must consent to entry of an order for payment plan. The payee's consent was not given under fear, coercion, or duress.

4. I did not engage in conduct exclusively for the purpose of avoiding my support obligation.

5. I do not have the present ability and will not have the ability in the foreseeable future to pay the arrears.

6. I have gross income in the amount of \$ \_\_\_\_\_ per \_\_\_\_\_. I understand that I must provide adequate records to show proof of my income.

7. I have assets, solely or jointly owned, as of this date, as follows: (assets include but are not limited to vehicles, real estate, bank accounts, retirement accounts, trust funds, etc.) (attach a separate sheet if more space is needed)

**Description****Net Value**

a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
d. _____	\$ _____
e. _____	\$ _____
f. _____	\$ _____

(see Page 2 for remainder of motion)

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10. If arrears are owed to the State of Michigan, I will provide notice to the Office of Child Support at least 56 days before the hearing on this matter.

## 11. I request:

- a. the court order a payment plan of \$\_\_\_\_\_ per month for \_\_\_\_\_ months toward support arrears in this case.
- b. that if the court declines to order the payment plan as requested above, the court order a payment plan of support arrears as found by the court to be a reasonable monthly payment over a reasonable time in accordance with my ability to pay.
- c. the court grant me such other and further relief as is just and appropriate.

12. I further request that once I complete this payment plan, the court enter an order discharging any remaining arrears.

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date

Signature

## CERTIFICATE OF MAILING

I certify that on this date I served a copy of this motion on the other party and his/her attorney and to the Office of Child Support by first class mail addressed to their last known addresses as defined in MCR 3.203.

Date

Signature